

Economic Assistance Application

What is Economic Assistance?

Economic Assistance programs help lower income families, children, people with disabilities, and the elderly by providing medical, nutritional, financial, and case management services.

How Do I Get Economic Assistance?

Step 1- Complete all questions. Sign and date the application. This application may also be used for Food Assistance only. If you need help completing the form, please ask for help.

Step 2- Mail, fax, or take your application to a local Social Services office. You have the right to file this application right away as long as we get this page with your name, address, and signature. The date we get this page starts the time we have to decide your eligibility for Food Assistance or Medical Assistance.

Step 3- Interview. Provide proof of income and expenses (other verifications may also be required). If this is not a new application we only need verification of any changes. An interview is required if this is a new application for Food Assistance or TANF.

Tell Us About You

Answer these questions about yourself.

First Name	Initial	Last Name	Social Security Number
Birth Date	Home Telephone		Message/ Work Telephone
Street Address		Apartment Number	
City	State	Zip Code	
Mailing Address (if different)			
Directions to Your Home (if no address)			

When Will I Get Assistance?

Food Assistance within 7 days

You must complete the entire application and an interview. You must provide a copy of your ID such as your driver's license, social security card, or alien papers.

You are eligible for Food Assistance in 7 days if you meet **one** of the following:

- Your household's gross monthly income is less than \$150 and assets are \$100 or less; or
- Your household's rent, mortgage, and utilities are more than your household's gross monthly income and assets; or
- Your household includes a migrant or seasonal farm worker with assets of \$100 or less, whose income is stopping or starting.
(Assets include cash, checking, or savings accounts).

Food Assistance within 30 days

You will receive Food Assistance within 30 days if you are eligible. If you are not eligible you will receive a letter of explanation.

Medical Assistance within 45 days

You will receive notice within 45 days after application of your eligibility for medical programs.

Temporary Assistance For Needy Families (TANF) within 30 days

Benefits will be determined from the date the signed application is received. (An application for TANF requires another form.)

Do You Need Interpreter Services?

☐ Yes

☐ No

What language, sign, etc? _____

Interpreter services are provided free of charge.

I certify that I will give the South Dakota Department of Social Services all information needed to review my application for Food and Medical Assistance and this information will be true and correct to the best of my knowledge. Please sign below.

Signature

Today's Date

FOR AGENCY USE ONLY

Expedited: <input type="checkbox"/> Yes <input type="checkbox"/> No Application: <input type="checkbox"/> New <input type="checkbox"/> Recert	Receipt Date	Case Number
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Can I Choose to Have Someone Help Me?

You can choose an authorized representative to help fill out your application, give information at your interview, and speak with your Benefits Specialist regarding your case. If you wish to have an authorized representative, complete the following information on this person.

Name	Telephone Number
Address	

Who Lives in your Home?

1. Please complete the following information for all people living in your home.

- Completion of Social Security number and Citizenship is optional for those not asking for assistance.
- Completion of race section is voluntary.
- The alien status of persons in the home may be verified by INS using the information provided in this application and may affect eligibility and the level of benefits.

*Marital Status Codes: M- Married S- Separated D- Divorced W- Widow/ Widower N- Never Married
 ** Race Codes: W- White A- American Indian B- Black H- Hawaiian O- Asian

Circle Help Needed	First Name, Middle Initial, Last Name	Relation To You Spouse, Son/ Daughter Sibling, etc.	Social Security Number	Birth Date	Last Grade In School	Sex	* Marital Status	Hispanic or Latino Circle one	** Race	U.S. Citizen Circle one
Food Medical TANF None		Self				M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No
Food Medical TANF None						M F		Yes No		Yes No

****If you have more people living in your home, please complete an additional page****

2. Is there someone in the home who does not purchase and prepare meals with you? ☐ Yes ☐ No
If so, list their names.

3. Other than you and your spouse, are there any other parents with children living in your home? ☐ Yes ☐ No

Parent	Children

4. Are there other names used by anyone in the home (maiden names, aliases, etc)? ☐ Yes ☐ No

Household Member	Other Names Used

5. Are there any States where you have received Food Assistance/Medical Assistance/Cash Assistance? ☐ Yes ☐ No

City/ State	Dates	County	Office Phone #	Worker Name

6. Does anyone in the home receive Tribal Commodities? ☐ Yes ☐ No

7. Does anyone in the home attend school? ☐ Yes ☐ No

Name	School	Status	Boarding School?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Is anyone in the home hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony, attempted felony, or violating parole or probation? ☐ Yes ☐ No
If Yes, List Name(s) _____

9. Has anyone been convicted of any of the following after September 22, 1996? ☐ Yes ☐ No

- Fraudulently receiving duplicate Food Assistance, TANF, Medical, or Supplemental Security Income (SSI) benefits in any State
- Buying or selling Food Assistance benefits of \$500 or more
- A felony for possession, use, or distribution of a controlled drug substance
- Trading Food Assistance benefits for guns, ammunition, explosives, or drugs

If Yes, List Name(s) _____ State of Conviction _____

What Assets Do Members of Your Household Have?

10. Does anyone in the home own any cars, trucks, boats, campers, motorcycles, snowmobiles, trailers, ATV's, etc? ☐ Yes ☐ No

Owner Co- Owner	Year	Make (Ford, Chevy, etc)	Model (Taurus, Blazer, etc)	Amount Owed	Value	Is Car leased?
				\$	\$	Yes No
				\$	\$	Yes No
				\$	\$	Yes No
				\$	\$	Yes No
				\$	\$	Yes No

11. Other than the house you live in, are there any land, buildings, or homes owned by anyone in your home? ☐ Yes ☐ No

Owner	Type/ Location	Value	Amount Owed	For Sale? Rental?
		\$	\$	
		\$	\$	

12. Does anyone in the home have any of the following assets? ☐ Yes ☐ No
List for all household members including children.

Asset examples include: Cash, Checking, Savings, Credit Union, Stocks, Bonds, Certificates of Deposit, Life Insurance, Trust Funds, Individual Indian Monies (IIM), Money Market Funds, Deferred Compensation Plan, Burial Funds, Contracts for Deed, IRAs, 401K, Keogh Plan, or other items of value. Also list all joint accounts.

Name	Type of Asset	Bank/ Location	Account Number	Value/ Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$

13. Has anyone in the home sold, traded, or given away anything of value within the last 3 months? (money, land, vehicles, buildings, house, etc.) ☐ Yes ☐ No

Name	What was Transferred?	Date Transferred	Value
			\$
			\$

What Type of Income Do Members of Your Household Receive?

14. Does anyone in the home, including children, earn Job Income?

☐ Yes ☐ No

List all.

Name	Employer	This Month's Gross Income including Tips and Commission	Hours worked per week	Hourly Wage/ Salary	How often paid monthly, weekly, etc.	Date of Next Check
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

15. Does anyone in the home have income from Experience Works, WIA, or Work Study? ☐ Yes ☐ No

16. Is anyone in the home self employed?

☐ Yes ☐ No

Name	Type of Work	Income per month after expenses
		\$
		\$

17. Has anyone's job ended in the last 60 days or is anyone currently on strike?

☐ Yes ☐ No

Name	Reason for Leaving	Employer	Last Day Worked	Final Check Date

18. Is anyone in the home a migrant or seasonal farm worker?

☐ Yes ☐ No

19. Is anyone in the home unable to work due to a health problem?

☐ Yes ☐ No

Name	Have they applied for SSA/ SSI/ VA/ Worker's Comp?	If yes, list date they applied
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

20. Does anyone in the home, including children, receive income that is NOT from a job?

☐ Yes ☐ No

Income examples Include: Child Support, Alimony, Social Security, SSI, SSI State Supplement, BIA GA/ TWEP, Tribal TANF, Unemployment, Worker's Compensation, Veteran's Benefits, Retirement, Pensions, Annuities, Dividends, Rental Income, Tribal Lease or Per Capita Income, Prizes, Money from Family or Friends, and all other sources of income.

Name	Type of Income	Gross Amount this Month
		\$
		\$
		\$
		\$
		\$
		\$
		\$

What Expenses Does Your Household Have?

21. Does anyone in the home pay for Shelter and Utilities?

☐ Yes ☐ No

Rent	\$	per month
If renting home, list Landlord's name:		Phone:
Lot Rent	\$	per month
Mortgage	\$	per month
Property Taxes	\$	per month or per year (circle one) if not included in mortgage
Homeowner's Insurance	\$	per month or per year (circle one) if not included in mortgage

Check the boxes next to the utility bills you are responsible to pay.

☐ Air Conditioning ☐ Cooking Fuel ☐ Garbage ☐ Sewer
☐ Electricity ☐ Telephone ☐ Heat ☐ Water
☐ All of the above

If wood heat: ☐ Wood- Buy ☐ Wood- Cut

22. Does anyone in the home pay Daycare Costs for children or disabled adults due to work or schooling?

☐ Yes ☐ No

Name of Person in Care	Amount Billed Per Month	Provider
	\$	
	\$	
	\$	
	\$	

23. Does anyone in the home pay court ordered Child Support to another household?

☐ Yes ☐ No

Who Pays	How Much Per Month	To Whom Paid
	\$	
	\$	

24. Does anyone in your home who is disabled or age 60 or older pay Medical Costs this month?

☐ Yes ☐ No

Include doctor & hospital bills, prescription drugs, dental, eyeglasses, transportation, Medicare premiums, health insurance premiums, etc.

Name	Total Amount per month
	\$
	\$

25. Do you receive help paying expenses?

☐ Yes ☐ No

List any help you get from any agency, organization or person in paying your household expenses. Examples include housing assistance, energy/ heating assistance, childcare assistance, etc.

Which Expense was Paid	Who Pays

Are you Applying for Medical Assistance or TANF?

Only answer questions 26-30 if you want medical assistance or TANF.

26. Are there children, under age 19, whose parent(s) is not in the home?

☐ Yes ☐ No

27. Is anyone in the home pregnant? If so, list.

☐ Yes ☐ No

Name	Expected Due Date	Number of Babies Expected
		<input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> More
		<input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> More

28. Did anyone asking for Medical Assistance receive medical care in the last 3 months?

☐ Yes ☐ No

Name	Month/Year of Medical Care

29. Is anyone in the home covered by Health Insurance other than Medicaid?

☐ Yes ☐ No

Person(s) Covered	Policy Holder	Name and Address of Insurance Co.	Check Type of Insurance	Group # Policy #	Start Date/ End Date
			<input type="checkbox"/> Medicare A <input type="checkbox"/> Vision <input type="checkbox"/> Medicare B <input type="checkbox"/> Dental <input type="checkbox"/> Medicare D <input type="checkbox"/> Mental <input type="checkbox"/> Medigap <input type="checkbox"/> Cancer <input type="checkbox"/> Inpatient <input type="checkbox"/> Accident <input type="checkbox"/> Outpatient <input type="checkbox"/> LTC <input type="checkbox"/> Pharmacy <input type="checkbox"/> Work Comp		
			<input type="checkbox"/> Medicare A <input type="checkbox"/> Vision <input type="checkbox"/> Medicare B <input type="checkbox"/> Dental <input type="checkbox"/> Medicare D <input type="checkbox"/> Mental <input type="checkbox"/> Medigap <input type="checkbox"/> Cancer <input type="checkbox"/> Inpatient <input type="checkbox"/> Accident <input type="checkbox"/> Outpatient <input type="checkbox"/> LTC <input type="checkbox"/> Pharmacy <input type="checkbox"/> Work Comp		

30. Did anyone lose a job and group health insurance within the past 3 months?

☐ Yes ☐ No

Name of Employer	Date Insurance Ended

Would you like to Register to Vote?

Any citizen in the State of South Dakota who meets the voter registration requirements and applies for public assistance must be provided the opportunity to register to vote.

If you are not registered to vote where you live now, would you like to apply to vote here today?

☐ Yes ☐ No

If you did not check either box, you will be considered to have decided not to register to vote at this time.

Please note that the information and office to which application was made will remain confidential and be used for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Social Services. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the:

South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537

Do you need help with other Basic Needs?

Is there any help you may need?

☐ Yes ☐ No

Some examples of this would be help with housing, utilities, childcare, prescriptions, etc.

Read the Following Information Carefully

- I agree to inform the SD Department of Social Services any changes in income, assets, number of persons living with me, address, or living arrangements which might affect my right to receive assistance. Any changes I report may affect the amount of assistance I receive or my eligibility for assistance.
- I am not allowed to pay for food purchased on credit with Food Assistance benefits. I may lose my benefits if I do.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- I have the right to request a fair hearing if my application is not acted upon within 30 days of this application for Food Assistance and TANF or within 45 days of the Medical Assistance application. I may also request a fair hearing if I disagree with any decision regarding my application within 90 days of the written Food Assistance notice or 30 days from the date I receive a written notice from TANF and/or Medical Assistance. To request a hearing, I can call or write any office in the Department of Social Services or request the hearing directly from the Office of Administrative Hearings, Kneip Building, 700 Governors Drive, Pierre, SD 57501-2291.
- I have the right to file a complaint of discrimination in accordance with State and Federal law and U.S. Department of Agriculture policy which prohibits discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability (not all prohibited bases apply to all programs). I may file a complaint by writing USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. I may also file a complaint of discrimination by writing DSS, Legal Services, 700 Governors Drive, Pierre, SD 57501 or by calling (605) 773-3305.
- I understand that I only have to provide immigrant status for individuals asking for or receiving benefits. However individuals are still required to answer questions and submit verification regarding income and resources which may affect the household's eligibility and benefits. An individual's immigration status will be verified if he/she applies for and/or receives benefits. Verification will be obtained by BCIS (Bureau of Citizenship & Immigration Services) and the BCIS verification may affect the household's eligibility and benefits.
- **SOCIAL SECURITY NUMBERS:** Social Security numbers must be provided for all members applying for or receiving assistance (Public Law 104-193 governing TANF, Food Stamp Act of 1977 as amended, 7 U.S.C. 2011-2036, and ARSD 67:26:01:12 governing Medical Assistance). Individuals applying for assistance may request help in obtaining Social Security numbers. Social Security numbers will not be shared with Federal immigration but may be used or disclosed in order to determine eligibility and benefit level, prevent duplicate participation, verify the accuracy of information provided, used in computer cross matches with other Federal and State agencies (Department of Labor, Social Security, Internal Revenue Service, etc.), assist in collection of benefit overpayments, and apprehend persons fleeing to avoid the law, if requested.

PENALTIES:

If you do the following....	You will....
<ul style="list-style-type: none"> ▪ Hide information or make false statements ▪ Use EBT cards that belong to someone else ▪ Use Food Assistance benefits to buy alcohol or tobacco ▪ Trade or sell benefits, EBT cards, or groceries purchased with benefits 	Lose Food Assistance and/or TANF benefits for: <ul style="list-style-type: none"> ▪ 12 months for the first offense ▪ 24 months for the second offense ▪ Permanently for the third offense ▪ May be referred for criminal prosecution
<ul style="list-style-type: none"> ▪ Trade Food Assistance benefits for controlled substances such as drugs 	Lose Food Assistance benefits for: <ul style="list-style-type: none"> ▪ 24 months for the first offense ▪ Permanently for the second offense
<ul style="list-style-type: none"> ▪ Trade Food Assistance benefits for firearms, ammunition, or explosives ▪ Trade, buy, or sell Food Assistance benefits of \$500 or more 	Lose Food Assistance benefits permanently
<ul style="list-style-type: none"> ▪ Give false information when applying for or receiving assistance 	<ul style="list-style-type: none"> ▪ Be fined up to \$1000 or sentenced up to 12 months in county jail, or both, if convicted of a misdemeanor ▪ Be fined up to \$2000 or sentenced up to 2 years in prison, or both, if convicted of a felony
<ul style="list-style-type: none"> ▪ Give false information affecting eligibility of Medical Assistance 	<ul style="list-style-type: none"> ▪ Lose Medical Assistance up to a year ▪ Be fined up to \$5000 or sentenced up to 5 years in prison, or both, if convicted
You can also be fined up to \$250,000 or sentenced to prison up to 20 years, or both, for doing these things. You may also be charged under other Federal or State Programs.	

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that such information on this application is correct and complete including citizenship and alien status of the members applying for benefits. If any information is found to be incorrect, benefits may be reduced or terminated and you are responsible for paying the benefits back. The application may be subject to criminal prosecution for knowingly providing incorrect information.

Signature of Applicant	Date
Signature of Authorized Representative	Date
Signature of Interviewer	Date